

**REGISTRATION FORM**     **31<sup>st</sup> Anomalous Absorption Conference**  
**Doubletree Sedona Resort**  
**June 3-8, 2001**

**PLEASE FILL WITH ADOBE ACROBAT OR PRINT LEGIBLY**

Name: (Last, First, Middle) \_\_\_\_\_

Organization: \_\_\_\_\_

Advisor/Supervisor Name: (Students only) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_



**CONFERENCE REGISTRATION FEES (US DOLLARS, BANQUET INCLUDED):**

**Non-Students -** If received before May 1, 2001: \$350    After May 1, 2001: \$400    On-Site: \$450

**Students -** If received before May 1, 2001: \$150    After May 1, 2001: \$200    On-Site: \$200

Applicable Fee: \$ \_\_\_\_\_

**PLEASE INDICATE PARTICIPATION:**

Registration/Reception, Sunday, June 3, 2001 (Hosted)    ☐ Yes    ☐ No

Participant Meal Plan – Mon (\$50) Tues(\$50) Wed(\$28) Thurs(\$50) Fri (\$28)  
☐    ☐    ☐    ☐    ☐    \$ \_\_\_\_\_

Guest Meal Plan – Mon (\$50) Tues(\$50) Wed(\$28) Thurs(\$50) Fri (\$28)  
# of Guests \_\_\_\_ ☐    ☐    ☐    ☐    ☐    \$ \_\_\_\_\_

Guest Wednesday Banquet Ticket only - \$25.00 per person    # of Guests \_\_\_\_    \$ \_\_\_\_\_

Guest Names (Optional) \_\_\_\_\_

Special Dietary Requirements: Vegetarian ☐    Other ☐ \_\_\_\_\_

Add Amounts Above - Total Payment: \$ \_\_\_\_\_

**Please Indicate Payment Method:**

☐ Check    Please make check payable in US dollars to **Anomalous 2001**.

☐ Credit Card    **(Visa and MasterCard)**

For your convenience, credit cards will be processed one-two weeks prior to the conference. You will receive a receipt at the conference registration desk. **Please DO NOT send this form with credit card information over e-mail.**

Credit Card (please indicate): Visa ☐ MC ☐    Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_    Signature: \_\_\_\_\_

**LANL Participants please provide the following information:**

Cost Center Code    Program Code    Cost Account    Work Package

**RETURN REGISTRATION FORM WITH PAYMENT BY MAY 1, 2000 TO:**

Marion Hutton  
Los Alamos National Laboratory  
Protocol Office, MS P366 (U9BB)  
Los Alamos, NM 87545

Telephone: (505) 667-8451  
FAX: (505) 667-7530  
E-mail: hutton@lanl.gov